

Transition Checklist and Timeline for Southeast LA

Parishes of: Livingston; St. Helena; St. Tammany; Tangipahoa; Washington

Name: _____ MR # _____

Physician: _____ Date initiated _____

Use your clinical judgment as to which items apply to the youth. **Mark NA** if item does not apply for this youth.
Mark an X when item is discussed and completed for each age group.

HEALTH CARE	Ages 12 - 15	Ages 16 - 18	Ages 19-21
• Youth meets privately with MD/staff for part of the office visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage the adolescent to assume increasing responsibility for his/her health care management:			
• Assess youth's understanding of his/her health condition and medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assess ability of youth to understand and participate in/ perform health care routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess youth/family readiness for transfer to adult health care providers:			
• Discuss transfer to adult health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identify possible adult health care providers/sub-specialists	NA	<input type="checkbox"/>	<input type="checkbox"/>
• Encourage youth/family to meet with adult health care providers	NA	<input type="checkbox"/>	<input type="checkbox"/>
Implement the transfer to adult health care providers:			
• Send copies of medical record to identified adult health care providers along with discharge summary	NA	<input type="checkbox"/>	<input type="checkbox"/>
Assess youth's ability to make independent decisions for health care, finances and concerns for determining guardianship/conservatorship:			
• Initiate referral for assessment of competence, as needed	NA	<input type="checkbox"/>	<input type="checkbox"/>
• Follow-up on consent, guardianship and confidentiality processes	NA	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH INSURANCE:			
• Verify current and future insurance coverage; inform about SSI Disability, Medicaid Bayou Health Plans, private health insurance; Advocacy Center www.advocacyla.org ; pharmacy assistance programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION & WORK - independent vs. sheltered:			
• Discuss types of HS Diplomas; IEP - transition plan; further education beyond high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Referral to La Rehabilitation Services: www.dcss.state.la.us ; La Disability Program Navigator Initiative: www.laworks.net	NA	<input type="checkbox"/>	<input type="checkbox"/>
INDEPENDENT LIVING:			
• Assess adult living plans; check status on Waiver list	NA	<input type="checkbox"/>	<input type="checkbox"/>
• Referral to: Independent Living Program, Community and Family Support; Resources for Independent Living: www.noril	NA	<input type="checkbox"/>	<input type="checkbox"/>
ANTICIPATORY GUIDANCE:			
• Discuss Safety concerns & when to call 911 for emergencies only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss dental, nutrition/weight concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss social relationships, sexuality, mental and behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For further help you may refer family to:

Families Helping Families of Northshore LA 985-875-0511; 1-800-383-8700 www.fhfnorthshore.org

Provided by LA Children's Special Health Services 08/2012; for more information visit CSHS at <http://cshs.dhh.la.gov>